



Editorials

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Hawaii Medical Journal Joins the Web

Tables of contents for Hawaii Medical Journal were recently made accessible via the internet, thanks to efforts of the Mamiya Medical Heritage Center staff. Listings for issues from volume one (1941) through volume 20 (1961) are archived on the site, as are issues from 1999 and 2000. Mamiya Medical Heritage Center staff is currently working to put tables of contents from 1961 through 1998 in HTML format, and will post them as they are completed.

Users can browse the tables of contents by issue, and the site also offers a search function. For contributions to the Journal, an **Author Instruction** link is available, as well as **Contact Information**.

To access the Journal, click the **Mamiya Medical Heritage Center** link on the HML homepage (<http://hml.org>), then click **Hawaii Medical Journal**.

Mahalo to John Breinich, Executive Director of the Library, and the staff of the Mamiya Medical Heritage Center for getting the Journal on the Web.

This Month's Manuscripts

This month, we end manuscripts for the year 2000 with "End-of-Life Preferences in Hawaii" and "Differing Attitudes between Psychiatrists and Primary Care Providers at the Interface."

The name of Kathryn Braun should be familiar to readers of the Journal. She first reported on Cultural Issues in Death and Dying in 1996, and in 1998 compared five ethnic groups in her manuscript "Do Hawaii Residents Support Physician-Assisted Death?" Kathryn was also a very active member of Ah Quon McElrath's ad hoc committee on Living and Dying in Hawaii.

In this manuscript, based on telephone interviews with more than 2,000 individuals, she and her associates found that Hawaii residents are very similar to mainland residents, especially in their preferences for dying at home, seeking hospice care, and support for legalization of aid-in-dying. Kathryn and associates emphasize, "As public attention and consumer awareness about end-of-life issues increase, it is imperative that healthcare systems must encourage physicians and patients to discuss options and preferences."

The second manuscript in December's Journal was suggested by several physicians. Two additional references were recommended. The first is "Difficulties in Integration of Psychological and Medical Practices" by Herbert N. Brown MD and Norman E. Zinberg MD.¹ In a follow-up Letter to the Editor, these authors suggest that "medical teachers must be aware of and convey to their students the limits of individual capacity."²

References

1. Brown NB, Zinberg NE: Difficulties in the Integration of Psychological and Medical Practices. *Am J Psychiatry* 1982; 139, 12:1576-1580
2. Brown NB, Zinberg NE: Further Comments on the Role of Psychiatry. Letters to the Editor, *Am J Psychiatry* 1983; 140, 1:136

Aloha, Becky Kendro

Becky Kendro has been affiliated with the Hawaii Medical Association since 1967 when politicians knew her as the Director of Government and Legislative Affairs. Working with the HMA's Legislative Committee of Physicians, Becky represented us at meetings and hearings.

She helped to develop the Hawaii Relative Value Studies, a coding system which was the predecessor of the CPT and other systems currently used today. Becky coordinated the programs of Continuing Medical Education in conjunction with the Regional Medical Program in 1968 when there was no School of Medicine, and when physicians had to rely on visiting professors for their continuing education. She was the HMA liaison with many agencies including MADD, The Medicine Bank, Community Health Centers, and Coders.

Becky's official title was Assistant Executive Director, Community Affairs, but she has worn many hats. As Managing Editor of the HMJ, income and size have doubled during the past five years.

Becky has recently taken "early retirement" for the Hawaii Medical Association. I'm not really sure what that means, but knowing Becky, we're certain that she'll not be sitting around the rocking chair.

Becky, your extended HMA family wishes you all the best with a heartfelt "mahalo nui loa".

Healing thyself: Medical professionals who face up to addictions

By Beverly Creamer
Advertiser Staff Writer

It's 7 p.m. on a weekday evening as Dr. S. Larry Schlesinger closes the door of a Wailuku, Maui, office and begins an unusual meeting with the physicians gathered inside. They're not discussing patients or procedures. These doctors are discussing themselves, and why they have abused alcohol or drugs.

It's part of Larry Schlesinger's own recovery, and part of his commitment to other doctors who suffer from the same secret disease he had.

"There was no organized way of helping physicians at the time, so I signed myself into treatment," he says of the day in 1983 when he acknowledged his addiction to tranquilizers and alcohol. "Now I work in a lot of ways to help impaired professionals so they don't have to flounder as I did at the beginning."

When Schlesinger was honored as Physician of the Year by the Hawaii Medical Association two weeks ago, his introduction was unusual:

"Tonight's honoree," intoned Dr. Russell Stodd, a Maui ophthalmologist and the senior physician on that island, "is a drug addict.

"But he confronted his demons and overcame his addiction and kept his life and his medical license intact."

A startled audience applauded as Schlesinger stood up. Since he began his recovery from addictions to prescription tranquilizers and alcohol 17 years ago, the well-known plastic surgeon has worked ceaselessly to help other professionals dig their way out of the same hell-hole.

"It's important to let other people know recovery is possible," said Schlesinger, who checked himself into a California hospital in 1983.

"That's why this award feels so good. It's unfortunate that you have a disease, but if you have it, you treat it and go on with your life.

"The fact of the matter is, you're only as sick as your secrets."

In the medical world, Schlesinger is known for his expertise in cosmetic and plastic surgery. But behind the scenes, he has spent the past decade and a half quietly staging daring rescue missions as part of the Committee for Physicians Health under the Hawaii Medical Association.

"Many doctors in the community don't even know this committee has been functioning," said Stodd.

"Medicine is no longer an army that kills its own wounded," says Schlesinger. "But that was not always true. Twenty or 30 years ago, if a doctor had an alcohol or drug problem, he would be drummed out of organized medicine as someone not fit to be a physician. Organized medicine should be congratulated for understanding it's a disease not all that different from diabetes."

Complaints

The committee works delicately, investigating complaints from concerned patients and co-workers and even pharmacists who notice prescription irregularities. Once armed with concrete evidence, the team moves into action.

"What you do is trick the doctor into coming to your office for a 'patient consultation,' " said Stodd. Then, together with the physician's family, colleagues and those who have documented the substance abuse, an intervention takes place to force the doctor into treatment.

" 'We know what you're doing,' " the doctor is told. " 'Here's a plane ticket. We're trying to save your life and your license.' "

In the face of harsh reality, initial hostility usually collapses. "We're holding the doctor hostage," said Stodd. "The doctor is confronted with: 'Look, you will do this, or we will report you to the Board of Medical Examiners, and they will suspend your license.' "

From Schlesinger's vantage point, the denial inherent in addiction makes it crucial to use coercion, not persuasion, to force a doctor to confront the problem.

Most cooperate

Ninety-five percent agree to go into treatment. "Early on, they hate your guts," said Schlesinger. "Down the road, they're grateful."

When Schlesinger faced the same demons himself, few people were looking. His ex-wife never said a word, though he was polishing off half a gallon of Gallo a night and injecting a tranquil-

izer in the morning to curb a nameless anxiety.

"I was treating what I thought was a medical problem," he says, "and trying to treat it with the least addictive thing I could find. It just got out of hand."

Eventually an alert nurse reported him to the hospital and then pushed him into a meeting of Alcoholics Anonymous. It was the moment that made the difference.

"It was May 6, 1983, the last day I ever drank any alcohol or took any mood-altering substance. It was recognizing I wasn't alone in the world."

Addiction treatable

At the center of all of this, said Schlesinger, is the belief that addiction is a treatable disease, not a moral issue. "These are sick people who need to get well," he says, "and not bad people who need to get good."

For Schlesinger, the commitment to intervening on behalf of addicted physicians is part of working the 12-step program that continues to be a daily stabilizing force in his life. It's also why he walked into a Salvation Army office on Maui in 1991 and asked if there was some way he could be of assistance.

"I talked to a Captain Begonia, and he said 'What do you do?' " Schlesinger remembers. "I said 'liposuction and face-lifts,' and he said 'Well, we don't really need that, but we desperately need a clinic for the homeless.' "

" 'You got it,' " replied Schlesinger, who then mobilized a force of two dozen physicians to treat needy people on a volunteer schedule. A year later, with grants in place, the clinic hired staff.

Program intense

It's also the reason Schlesinger got involved with helping found a Maui Drug Court patterned after the one on Oahu, and the original one in Dade County, Fla., begun by Janet Reno.

"We're taking first-time, nonviolent drug offenders and, instead of sending them to prison with no treatment, we recognize addiction is a disease and needs treatment, not punishment," said Schlesinger.

"We put them into a very intensive treatment program for 18-24 months. Many of these people are illiterate, have never held a job and have no job skills. So if you educate them along with treating their disease, you have a great chance of having little or no recidivism."

Schlesinger rises at 4:30 a.m. daily and puts in a sweaty hour-and-a-half workout in the gym of his Kihei home before heading out on a day that can last 15 hours. With offices on three islands, he's on five interisland flights a week, traveling to see patients, and rarely in one place for long. Though he and his second wife, Straub psychologist Laura Schlesinger (not the radio personality), keep homes on both Maui and Oahu, one is barely more than a pit stop for changing clothes and getting a good night's sleep.

Since his own recovery, Schlesinger has become a leading addictions specialist, training others and leading more than 100 interventions himself, 25 of them with physicians. The others involved ministers, judges and other professionals. "I'm called in lots of times because word gets out I'm available," he said.

Initial denial

According to Becky Kendro, former assistant executive director of the Hawaii Medical Association, about 40 medical personnel have

undergone interventions since 1985, and that number includes dentists, medical students and other medical personnel.

"Initially you see denial, but then acceptance," said Kendro. "Eventually, they are so grateful."

While the committee makes arrangements for treatment in a Mainland facility, the physician pays for it. "After he's been in treatment and his brain begins to detoxify," said Stodd, "he'll recognize 'I really do have to be here.'"

After treatment is completed, the committee monitors the physician for five years.

But physician health committees based in hospitals may deal with more than addiction. Psychiatric disorders, neurological problems, even something hospitals call "disruptive" behavior can fall under their purview.

"There's a kind of arrogance that goes along with being a physician, and it can make them difficult to deal with at times," said Dr. Gerald McKenna, a Kauai psychiatrist and addictions specialist who chairs the HMA Committee for Physicians Health and is medical director at Ke Ala Pono, a private addiction treatment program on Kauai.

"Hospitals know which are disruptive physicians, and we're trying to get to doctors before they're fired," said McKenna, who will help host a conference next weekend at Wilcox Memorial Hospital to encourage all Hawai'i hospitals to establish physician health committees.

The stresses of medicine and the loners it attracts both play a role in the problem. "What we're trying to do is get physicians to take better care of themselves," said McKenna.

"Doctors are like most executives. They're workaholics and get lost in their jobs, and that's not healthy for anyone. But they also tend to be lone rangers and often very isolated. To get them into a group is like herding cats. Plus, they don't think they ever ought to get sick."

Weekly AA meetings

In his own recovery, Schlesinger has never looked back.

"It's no longer hanging on by your fingernails. You get past that," he says. "You go to the meetings to show other people recovery is possible. At the same time, it's important to remind yourself how bad it was, which is easy to forget when you're doing well."

"Had I not succumbed to this disease I would never have discovered God, humility, and I never would have been any bit the person I am today," he says. "I would have limped along with whatever I gained from my childhood, because most adults don't work on getting better every day. Now I go to AA meetings every week with people working at becoming better people, and that's thrilling."

Editor's note:

This article appeared in the Sunday Honolulu Advertiser, November 5, 2000.

Just in case you missed it, we have reprinted it with permission of the Honolulu Advertiser and staff writer Beverly Creamer.

Beverly Creamer has been covering medical subjects for the Honolulu Advertiser for the last nine years. In that time she has been honored several times by the Hawaii Medical Association with its annual print media award. Born in Canada, she came to Hawaii to attend the University of Hawaii, where she graduated with a degree in Journalism.

Highlights of the HMA Scientific Session

Russell T. Stodd MD

Contributing Editor, Hawaii Medical Journal

The 144th Annual Meeting of the Hawaii Medical Association was highlighted by an outstanding medical education program. The HMA and staff can be proud of the quality, breadth and diversity of material. The facility was large and comfortable, the audio and visual systems performed well. The education committee prepared a variegated quilt of medical issues including osteoporosis, obesity, cancer, genetic testing controversies, mental health and quality of life issues for the dying patient. The following capsules are meant to provide a brief summary of the many excellent presentations, and to emphasize the educational experience for those who attended.

ENDOCRINE UPDATE and WEIGHING IN ON OBESITY.

The Friday program was moderated by David Fitz-Patrick, M.D., and began with **Michael R. McClung, M.D.**, Director of the Oregon Osteoporosis Center at Providence Hospital in Portland. The presentation accented new diagnostic measures which permit more accurate diagnosis of vulnerable patients, and included a comprehensive handout. An attractive and enlarging menu of effective therapeutic choices are available to prevent bone loss and cut down on fractures in risky patients. Also, patients must be instructed in maintaining appropriate life style with a safe environment and avoidance of tobacco and excess alcohol.

James R. Gavin III, M.D., Ph.D., internist and endocrinologist at Howard Hughes Medical Institute, gave a well illustrated and comprehensive look at diabetes. Showing the genetic backgrounds for both type one and type two diabetes, Dr. Gavin helped make the clinician understand how insulin works and when oral medication is not effective for maintenance of sugar control.

Bruce D. Weintraub, M.D., Professor of Medicine at University of Maryland School of Medicine, presented an update on thyroid disease and therapy with emphasis on cancer. Ethnicity is a factor, as thyroid cancer occurs more frequently in Philippine women, and is especially aggressive over age 50. The condition is three times as common in women as men. Therapy centers around surgery, radioiodine and suppressive hormone use. Gene therapy in vitro experiments show ability to kill cancer cells, and may lead to new avenues for therapy.

Robert H. Eckel, M.D., Professor of Medicine and of Physiology and Biophysics, University of Colorado Health Services Center, featured a very good discussion of obesity and what options work and what do not. With the simple equation, energy intake and energy expenditure, he showed why diets work, but later encourage appetite to rise and physical activity to go down. Slow gradual weight reduction is important. Goals must be realistic such as 10% of body weight in six months, then weight maintenance and possibly followed by further slow weight loss. He outlined the benefits: drop in blood pressure, improved cardiac function, dyslipidemia, and glucose tolerance. This was an excellent program, well organized and nicely illustrated.